

PIN 4051
JULY 2005

VIRGINIA RESIDENT APPLICANTS MUST ATTACH TO THIS APPLICATION A CRIMINAL HISTORY RECORD REPORT WHICH MAY BE OBTAINED BY CONTACTING THE VIRGINIA STATE POLICE AND REQUESTING THE INFORMATION. IF YOU FAIL TO PROVIDE A CURRENT (NO MORE THAN 90 DAYS OLD) CRIMINAL HISTORY RECORD REPORT, THE BUREAU WILL REFUSE TO ISSUE A LICENSE TO YOU. (§§ 38.2-1820 AND 38.2-1831 OF THE CODE OF VIRGINIA.)

NOTE: An appointment is required within six months upon issuance of the license. Failure to obtain an appointment under the license during the prescribed period will result in the Bureau of Insurance terminating the license.

SS# or VA DMV-Assigned # *	First Name*	Middle Name (Initial or None)*	Last Name*	
Residence/Home Address (Physical Street)*			Birth Date*	
City*		State*	Zip*	
Mailing Address	P.O. Box	<input type="checkbox"/> 003 -Temporary Life & Health (Sale of Agency) <input type="checkbox"/> 006 -Temporary Life & Health (Collect Debits) <input type="checkbox"/> 015 -Limited Lines Credit, which includes: Credit Life & Health Credit Property/Involuntary Unemployment Mortgage Accident & Sickness/Mortgage Redemption Mortgage Guaranty <input type="checkbox"/> 024 -Motor Vehicle Rental Contract <input type="checkbox"/> 031 -Temporary Property and Casualty (Sale of Agency) <input type="checkbox"/> 080 -Limited Lines Life and Health, which includes: Dental Benefit Contracts Dental Services Limited Burial Mutual Assessment Life & Health Optometric Services Travel Accident <input type="checkbox"/> 081 -Limited Lines Property & Casualty, which includes: Automobile Club Home Protection Legal Services Mutual Assessment Property & Casualty Ocean Marine Pet Accident, Sickness & Hospitalization Travel Baggage		
City	State			Zip
Home Phone Number*	Business Phone Number*			
Business Fax Number	Business E-Mail Address			
Business Name*				
Business Address (Physical Street)*	P.O. Box*			
City, State, Zip*				
Assumed or Fictitious Name (If transacting under name other than own)				

**PLEASE COMPLETE BOTH PAGES OF THIS FORM. FIELDS MARKED WITH AN ASTERISK (*) ARE REQUIRED.
IF NOT APPLICABLE, MARK "N/A."**

Name: _____ SS# or VA DMV-Assigned #: _____

PART 1

1. Have you ever been the subject of an administrative proceeding or disciplinary action of any kind regarding any insurance or other professional or occupational license, including: revocation or suspension of a license; refusal to issue or renew a license; fine or penalty; settlement or consent order; or agreement to voluntarily surrender a license as the result of a complaint or investigation?

☐ Yes ☐ No If so, and you have not previously filed this information with this Bureau, attach a copy of the official document which demonstrates the charges and final judgment and a detailed explanation.

2. Have you ever been convicted of (or pled guilty or nolo contendere to) a violation of law, other than minor traffic violations?

☐ Yes ☐ No **VIRGINIA RESIDENTS:** Whether you check Yes or No, you MUST attach a current (no more than 90 days old) copy of the Criminal History Record from the Virginia State Police.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? ☐ N/A ☐ Yes ☐ No
If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) ☐ N/A ☐ Yes ☐ No

ALL APPLICANTS: If you answered "yes," you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document,
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment, and
- d) if applicable, a letter from the federal or state probation and parole office outlining your performance or satisfactory completion of your probationary period.

3. **If currently or previously appointed as an insurance agent,** are you indebted to any insurance company, agency, or other person for premiums collected, or is there any other dispute regarding your insurance account?

☐ Yes ☐ No ☐ Not Applicable

If so, and you have not previously filed this information with this Bureau, attach a sheet with a complete explanation.

PART 2 - NEW RESIDENTS OF VIRGINIA ONLY

Attach a clearance letter from the insurance department in the state in which you previously resided.

PART 3 - IMPORTANT NOTICES

Sections 38.2-1822 E and 38.2-1826 of the Code of Virginia require each agent to report to the Commission and to every insurer that he represents any change in his residence address or name within thirty days of the change, and to notify the Commission immediately upon adoption of an assumed or fictitious name (trade name). Virginia resident agents must notify the Commission and surrender all licenses and appointments for cancellation immediately upon moving their legal residence from Virginia.

Pursuant to § 38.2-1833 of the Code of Virginia, a licensed agent may sell, solicit, or negotiate insurance on behalf of an insurer by which he is not appointed ONLY for 45 days from the date of execution of the first application solicited on behalf of such insurer, and ONLY if a request for appointment is submitted to such insurer along with or prior to submission of such first application.

In accordance with § 38.2-1819 C of the Code of Virginia, and by signing this application, except where prohibited by state or federal law, you hereby appoint the Clerk of the State Corporation Commission of Virginia as the agent for the service of process in any action or proceeding arising in this Commonwealth out of or in connection with the exercise of this license.

By applying for this license, you are agreeing that personal information relevant to your status as a licensed insurance agent in Virginia, including but not limited to your name, residence address, social security number, date of birth, license and appointment status, and investigation or disciplinary action summary data may be reported to the National Association of Insurance Commissioners and to other state insurance regulatory authorities or other interested parties. By applying for licensure in the Commonwealth, you are acknowledging that you are familiar with and agree to comply with the Insurance and Related Laws of Virginia.

PART 4 - APPLICANT'S CERTIFICATION AND ATTESTATION

I hereby certify, under penalty of perjury, that all of the information submitted in this application and attachments thereto is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for denial of this application or future license revocation if the license applied for is issued, and that I may also be subject to civil or criminal penalties.

Signature of Applicant

Date

PLEASE ANSWER EVERY QUESTION BY CHECKING THE APPROPRIATE BLOCK.